AUDIOSEARS Audiosears Corporation APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant*. Each question must be answered in full. If answer is NO or NONE, indicate same. We appreciate your interest in our organization.

This organization is an Equal Opportunity Employer. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Vice President/COO.

PERSONAL:										
NAME: Last		First		Middle Initial						
PERMANENT ADDRESS:										
					()	_				
City		State	Zip		Telephone N	Number				
1	Are you eighteen (18) years of age or	· older?	[] yes	[] no						
2.	Are you employed now?	older:	[] yes	[] no						
2.	If so, may we inquire of your present	employer?	[] yes	[] no						
3.	Position applied for:			[] NO						
4.	Other position(s) qualified for:									
5.	Are you legally eligible for employm									
6.										
7.										
	Expiration Date									
8.	Have you ever been employed by this		[] yes	[] no)					
9.		elony or misdemeanor that has not been sealed or expunged?[] yes [] no								
of se	If yes, please list the specific nature and details of the crime(s), date(s), court location, sentencing information, and disposition									
of sentence on the attached sheet of paper. (Please note: a conviction record will not necessarily be a bar to employment) 10. Americans with Disabilities Act Clarification: If a job description has been provided, will you be able to perform the										
10.	essential job functions for the position									
	EDUCATION:									
Circle Highest Grade Completed:		Grade School	ol High Sci	hool	College	Graduate				
		1 2 3 4 5 6	7 8 9 10 11	1 12	1 2 3 4	1 2 3 4				
School		Address		Major Studies		Degree, Diploma License or Certificate				
High	n School									
Coll	ege/University									
Vocational, Business, Other										

EMPLOYMENT HISTORY (List most recent first)								
Name of Company		Address			Phone			
Dates of Employment: Fro	omTo _							
Type of Business:								
Your Position/Title		_Supervisor _						
Reason for Leaving								
Briefly Describe Your Dut	ies and Responsibilities: _							
Name of Company		Address			Phone			
Dates of Employment: Fro	om To		_					
Type of Business:								
Your Position/Title		_Supervisor _						
Reason for Leaving								
Name of Company		Address			Phone			
Dates of Employment: Fro	omTo _							
Type of Business:								
Your Position/Title		_Supervisor _						
Reason for Leaving	_							
Briefly Describe Your Duties and Responsibilities:								
BUSINESS REFERE	NCES: (Other than re	latives or for	mer supe	rvisors) (List Three)				
Name	Complete Address		Phone	Occupation	Years Known			
				-				
Name	Complete Address		Phone	Occupation	Years Known			
Name	Complete Address		Phone	Occupation	Years Known			
					owledge. I understand that any			
					. I authorize investigation of any ent record and references, and			
release all parties from al	ll liability for any damage	e that may re	sult from	furnishing same to yo	ou. I understand and agree			
terminated at any time w		nou and may	, regarale	ess of the date of payr	ment of my wages or salary, be			
Date	Signature of	Applicant						
		FF						